



VACCINE RETURN FORM

NORTH DAKOTA DEPARTMENT OF HEALTH (NDDoH)

SFN 53767 (Rev. 05/06)

All vaccine received through the NDVFC program that has become nonviable (i.e., expired or spoiled) must be returned to the North Dakota Department of Health. NDDoH does not receive replacement vaccine but does receive credit for the federal excise tax that was applied to each dose.

Remove expired or spoiled vaccine from the refrigerator or freezer immediately. Mark the vaccine as nonviable to avoid unintentional use. No special storage is required at this point.

Return Vaccine to:

North Dakota Department of Health
Immunization Program
600 East Boulevard Ave.
Bismarck, ND 58505.0200
Fax Number: 701.328.2499

1. Complete this form when returning vaccines.
2. **If returning usable vaccine:** call us and we will inform you on how to proceed.
3. **If returning unusable vaccine** select the most efficient method.
Packing on ice is not necessary.

Contact the North Dakota Department of Health at 701.328.3386 or 800.472.2180 with any questions or concerns.

Provider ID Number: _____

Date: _____

Provider Name: _____

Street Address: _____ City: _____ Zip Code: _____

Contact Person: _____

Phone: _____

Please select reason for returning unusable vaccine:

1. Vaccine expired ☐

2. Proper temperature not maintained due to:

Refrigerator/freezer failure ☐

Power failure ☐

Refrigerator/freezer unplugged ☐

Other (describe) _____

3. Unusable upon delivery ☐

4. Other (describe) _____

Please select reason for returning usable vaccine:

1. Nearing expiration date ☐

2. No longer using this vaccine ☐

3. Ordered too much of the vaccine ☐

4. Wrong vaccine received ☐

5. Wrong vaccine ordered ☐

6. Provider closing ☐

7. Other (describe) _____

Vaccine	Lot Number	Number of Doses
DT		
DTaP		
DTaP/HepB/IPV		
DTaP/HIB		
HepA		
HepB		
HIB		
IPV		
Influenza		
MCV-4		
MMR		
MMRV		
PCV-7		
PPV		
Rotavirus		
Td		
Tdap		
Varicella		